

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. *ABT 34*
FILING DATE
APPLICANT(S) 097486545

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
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TOTAL IND.	4			
TOTAL DEP.	10			
TOTAL CLAIMS	14			

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BEST AVAILABLE COPY